

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9952-62-040448

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION FIRMIN DESLOGE HOSP.

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

c. CITY
OR
TOWN

ST. LOUIS

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)

6620 MINNESOTA

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First MARGARET

Middle

I LEITNER

Last

4. DATE
OF
DEATH

Month

Day

Year

OCT 15 1962

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MAY 13 1904 58

9. AGE (last birthday)

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED SWITCH BOARD OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY

MISSOURI

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

MICHAEL FINN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

ALBERT J LEITNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ALBERT LEITNER 6620 MINNESOTA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multifocal Myeloma of skull
Vertebrae and Pelvis

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Myeloma of Vertebrae - 203 x

3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

None

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St Louis

MO

21. I attended the deceased from

12/5/60

to 10/15/62

and last saw her him alive on 10/15/62

Death occurred at

1105 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Max Starkloff M.D.

(Degree or title)

22b. ADDRESS

512 Droulplace

22c. DATE SIGNED

10/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

OCT 18 1962 RESURRECTION CEM

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

ST LOUIS CO.

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Xutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.

OCT 18 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1
2 20
3
4 1
5 1
6
7 0
8 1
9
10
11
12 61-0
13

61

Dr. Mark Hubbard
915 Laurel
at 3:30 P.M. Wed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____,
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Eleanor Province*

Licensed Embalmer No. *3403*

P. O. Address *2906 Juvon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.